

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730279** (7)
1. Corporation Name
EMBASSY CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business: C/O LISA SAGEBIEL #105, 1475 SE 15TH ST #105, FT. LAUDERDALE FL 33316
Mailing Address: C/O LISA SAGEBIEL #105, 1475 SE 15TH ST #105, FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: **07/24/1974**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2262882**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: SAGEBIEL, LISA, 1475 SE 15TH ST #105, FT LAUDERDALE FL 33316
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature: typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REWA, GREGORY	1.2 NAME	
STREET ADDRESS	1475 SE 15TH ST, #207	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERVIS, WENDY	2.2 NAME	VP Mervis Wendy
STREET ADDRESS	2829 NE 33RD CT.	2.3 STREET ADDRESS	2829 NE 33rd Ct
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGEBIEL, LISA	3.2 NAME	SD Matthew McAloon
STREET ADDRESS	1475 SE 15TH ST #105	3.3 STREET ADDRESS	1475 SE 15th St. #109
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, JOHN	4.2 NAME	
STREET ADDRESS	1475 SE 15TH ST. #310	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYLOR, LARRY	5.2 NAME	D William E. Muller
STREET ADDRESS	1475 SE 15TH ST. #217	5.3 STREET ADDRESS	1105 Avocado Isle
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gregory Rewa** *Gregory Rewa* 3-13-96 954-463-6067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)